## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

Fax Number
Contact Number

**EMail Address** 

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

	ACCIDENT STATEMENT	
Date Of Report	10/10/2018 15:13	
Date Of Accident	07/10/2018 23:00	
Exact Location Of Accident	40 TOH GUAN ROAD EAST CARPARK	
Country/State of Loss	SINGAPORE	
D	ETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBF9333A	
Insured/Policyholder		
Name Of Registered Owner	388 PTE. LTD.	
Co Reg No	201328419K	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-91464543	
Alternative Phone No	OFFICE-91464543	
Vehicle Particulars		
Manufacturer	TOYOTA	
Model	DYNA	
Exact Purpose for which vehicle was being used at time of accident	LORRY WAS PARKED	
Are you claiming under your own insurance policy for repair to your vehicle?	NO	
If No, Please state action to be taken	THIRD PARTY	
Vehicle Category	COMMERCIAL VEHICLE	
Insurance Company		
Name of Insurance Company	EQ INSURANCE COMPANY LTD	
Type Of Coverage	COMPREHENSIVE	
Fleet Policy	NO	
Policy Number	DMCPHQ18-001722	
Cover Note Number		
Driver		
Name of Driver	SELVAM RAMKUMAR	
Passport No/FIN	G2222037W	
Date Of Birth	12/04/1993	
Occupation	INDOOR	
Date Of Driving Pass	09/12/2016	
Driving Experience	1 YEAR AND 9 MONTHS	
Gender	MALE	
Mobile Number	(LOCAL) +65-91464543	

OTHERS-91464543

**NOEMAIL** 

40 TOH GUAN ROAD EAST Address #01-60 ENTERPRISE HUB

Postcode 608582

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

**General Information of the Accident** 

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED Type Of Accident

Weather Conditions **CLEAR** Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

NO

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

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**Details of Police Action** 

Was the accident reported to the police?

Number of Passengers (Including Driver)

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

**Circumstances of Accident** 

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number **GBA6128Y** 

Vehicle Make/Model/Colour

**Details Of Properties** 

**COMMERCIAL VEHICLE** Vehicle Category

Name of Driver

NRIC/Passport Number

**Contact Number** 

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF OTHER VEHICLE PROPERTY 2** 

Vehicle Registration Number

YN6883J

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

Name of Driver

NRIC/Passport Number

**Contact Number** 

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

COMMERCIAL VEHICLE

## Sketch Plan

### SKETCH PLAN

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- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurers) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all Insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (II) for complying with requirements under any regulations, laws or court orders.

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Policyholder's Signature Date & Time: Driver's Signature

(If driver is not the policyholder)

Date & Time:

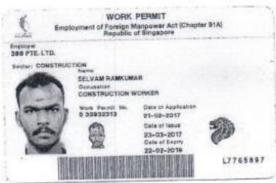
Reporting Centre Fersonnel's Signature

NRIC/FIN No

## **Accident Sketch Plan**

SKETCH PLAN		
0	3 4/3	40 Toh Guan Road
E	AG	East carpar K
TAITAIT		Vehicle A: GBF9333A
ATE		Vehicle B: GBA 6128Y
0		Volicle C: YN 6883J
TAT STEE		
DESCRIBE CIRCUMSTANCES O	OF THE ACCIDENT	
On the stated	date and time, I	Verticle A was perked
Stationary in the	parking lot. Vehicle	C reversed and hit onto
	1	
Veliple B. The i	upact is so huge it	causes vehicle a to hit onto
my right portion		
y		
DECLARATION		
I/We declare the foregoing particu	Ran Vivid	18/10/2018
gade Edell Policyholder's Signature	Driver's Signature	Reporting Centre Personniel's Signature
Date & Time:	(If driver is not the policyholder) Date & Time:	Name: NRIC/FIN NO.: ADJU WALTATE





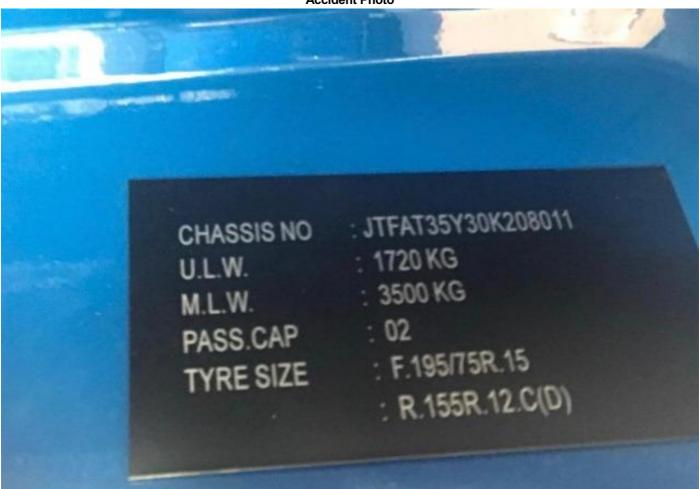








## **Accident Photo**



## **Accident Photo**









# **Accident Photo**



### **Addendum Sheet**



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GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours: Monday to Friday, 09:00 ~ 17:00 UEN: 566550206 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

# ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No : MMAIL8 31569 Vehicle Registration No: Romkamore Name(as shownin NRIC) : MURM NRIC/FIN/Passport No : (\*Vehicle Driver) / Vehicle Owner) (\*) Please delete as appropriate Address Singapore( Contact (Tel) Email Address Date of Accident Time of Accident : Place of Accident Insurance Company: (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: 60 pmcp+1018-001722 Policyholder / Driver's Signature Reporting Centre P Date: Name:

NRIC/FINNo .:

Date: